

## Variable Key for STD Tables

### **Age and Race**

The reporting of age and race provides demographic data necessary for determining the incidence and prevalence of sexually transmitted diseases (STDs) in certain populations. Targeting resources and education to those populations most at risk for infection assists in preventing transmission of STDs. Age and race demographics are very important in providing partner services notification.

**Optimal Threshold:** 90% of case records have “Age” and “Race” completed.

### **Prescription Administered**

STD treatment information is vital in decreasing disease transmission and keeping individuals healthy and free from sequelae. Providing information on type of treatment, treatment duration, and treatment dates assists in determining effectiveness, timeliness, and partner referral/notification.

**Optimal Threshold:** 90% of case records have completed treatment information.

### **Pre-test HIV counseling and HIV testing**

The 2010 CDC STD treatment guidelines state that all persons who seek evaluation and treatment for STDs should be screened for HIV infection not considering the presence of known behavioral risk factors for HIV (1). Further, healthcare providers serving patients at high risk for HIV (e.g., STD clinics) should discuss the risk for HIV infection and prevention opportunities with their patients.

**Optimal Threshold:** 85% of case records have completed Pre-test HIV Counseling and HIV Testing.

### **Sex while high or intoxicated**

Persons under the influence of drugs or alcohol are more likely than persons who abstain to engage in risky sexual behaviors, including unprotected sex and sex with multiple partners, thereby increasing the risk for STD transmission (3). It is important to understand the patient’s risk factors for future STD transmission—including participation in sexual activities while under the influence of drugs or alcohol—so appropriate preventive services can be offered.

**Optimal Threshold:** 75% of case records have completed “Sex While High or Intoxicated” for the past 3 months (the interview period for chlamydia)

### **Use of the internet to meet anonymous sex partners**

Internet usage for the purpose of meeting anonymous sex partners to engage in unprotected sex has been reported among some social groups, for example among men who have sex with men (MSM) (2). In one study, persons reporting meeting sex partners online more frequently engaged in risky sexual behaviors compared with persons who did not meet sex partners online. Consequently, it is of public health importance to know whether STD case-patients use the internet to meet their sexual partners so that appropriate preventive measures can be implemented.

### **Pelvic inflammatory disease (females only)**

Pelvic inflammatory disease (PID) is an acute infection of the uterus, fallopian tubes, and other female reproductive organs. PID is a serious complication of STD infection and is most often caused by chlamydia and gonorrhea (1). Approximately 10–20% of patients with untreated chlamydia and gonorrhea infections will develop PID (4). PID can cause damage to the female reproductive organs and result in permanent infertility, ectopic pregnancy, and chronic pelvic pain. To understand better the morbidity associated with STDs, it is important to detect cases of PID.

**Optimal Threshold:** 100% of case records have completed PID (“Yes” or “No” must be marked).

### **Pregnancy (females only)**

Pregnancy has important implications when diagnosing and treating STDs. Pregnant women with STDs are at-risk for transmitting infection either through intrauterine or perinatal transmission to their fetuses, ultimately leading to potentially debilitating conditions for the fetus. Also, laboratory testing and antibiotic treatment recommendations for STDs frequently differ for pregnant females compared with non-pregnant females (1). For instance, antibiotics such as doxycycline, ciprofloxacin, ofloxacin, and levofloxacin are contraindicated in pregnancy. Additionally, it is recommended that pregnant women infected with *Chlamydia trachomatis* undergo diagnostic testing three weeks after treatment to document disease eradication and women aged <25 years or those at increased risk for chlamydia, should undergo re-testing in the third trimester to prevent maternal post-natal complications and perinatal infection of the infant (1). Therefore, it is of public health importance to know if a female patient diagnosed with a STD is pregnant.

**Optimal Threshold:** 100% of case records have completed Pregnancy ("Yes" or "No" must be marked).

### **Partner interview**

When the sex partners of STD case-patients are effectively treated, the index case-patient has a reduced risk for re-infection. Therefore, the 2010 CDC STD Treatment Guidelines recommend that the sex partners of STD cases undergo appropriate treatment (1). Of the total number of sex partners reported, the percentage of partners contacted and interviewed by the local public health agency is an indirect measure of the success the agency has in conducting case-investigations and partner treatment. While it is not possible to link individual STD case-patients with their sex partner dispositions by county, a proxy measurement of number of sex partners interviewed per STD case report provides an indirect estimation of the success the public health agency has in conducting STD case investigations and partner management.

**Optimal Threshold:**  $\geq 1.0$  partners per total STD cases

### **References**

1. Centers for Disease Control and Prevention. Sexually Transmitted Disease Treatment Guidelines, 2010. MMWR 2010;59(No. RR-12):[1–110].2.  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2697932/pdf/ijerph-06-01620.pdf> 3.  
<http://www.cdc.gov/chronicdisease/resources/publications/aag/alcohol.htm>